

Cowdray Club Care Home Service

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Telephone: 01224 212 140

Type of inspection:
Unannounced

Completed on:
14 July 2025

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2011303086

About the service

Cowdray Club is operated by Renaissance Care (No1) Limited and is registered to provide residential and nursing care to a maximum of 35 older people.

The service is located in a large traditional building in a residential area near to the centre of Aberdeen. The accommodation is over four floors and offers a mix of lounges, dining areas and bedrooms.

About the inspection

This was a follow up which took place on 10 and 11 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and some of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The service had made improvements since the last inspection, resulting in better outcomes for people and regrading from adequate to good.

People mainly experienced more dignified mealtimes, helping them feel respected and comfortable.

Health needs were better monitored, helping people receive more timely and appropriate care.

Personal plans were more accurate, supporting more consistent and personalised care for people.

People had more opportunities for meaningful activity, which improved wellbeing and reduced isolation.

Medication was managed safely, giving people greater confidence in their care.

Staff supported people experiencing distress with understanding, helping them feel calmer and more secure.

Staffing was more consistent, but further oversight was needed to ensure people always receive timely support.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We regraded this key question from adequate to good in response to the improvements that had been made since the last inspection.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Two requirements under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement around the provider ensuring that people consistently received the support they needed to eat and drink. We found that progress had been made and that the requirement had been met. The service had improved mealtime support through clearer staff roles and regular dining audits. Most people were supported in line with their care plans and were enjoying their mealtimes. This contributed to a more relaxed and dignified dining experience for people. However, during the inspection, one person was not provided with the equipment they needed to eat independently, which negatively affected their dining experience. We discussed this with the management team, who acknowledged the issue and expressed a commitment to further improvement in this area. As a result, we identified a new area for improvement to support continued progress (**see 'Area for Improvement 1' and 'What the service has done to meet any requirements made at or since the last inspection'**).

We also followed up on the requirement around the provider ensuring that people's health and wellbeing needs were consistently assessed, met, and monitored. We found that progress had been made and that the requirement had been met. The service had strengthened its approach to monitoring health needs. Pain assessments were carried out more consistently, oral care was better supported, and staff were more responsive to changes in people's health. As a result, people experienced more timely and appropriate care, which helped to maintain their overall wellbeing. However, we identified a couple of instances where it was unclear whether people's health needs had been fully met, specifically in relation to catheter care, bowel care and fluid intake. While these were isolated issues, they highlighted the need for continued oversight to ensure consistency across the service. We discussed this with the management team, who acknowledged the findings and expressed a commitment to further improvement in this area. As a result, we identified a new area for improvement to support continued progress (**see 'Area for Improvement 2' and 'What the service has done to meet any requirements made at or since the last inspection'**).

Areas for improvement

1. To support people's dignity, comfort, and independence during mealtimes, the provider should ensure that all people are supported to safely eat and drink.

This should include, but not be limited to, ensuring that people have access to any equipment or adaptations they need, and that staff provide support in accordance with individuals' care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34)

And

"I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible" (HSCS 1.35).

2. To support people's health and wellbeing the provider should ensure that all aspects of healthcare support are consistently delivered in line with people's assessed needs.

This should include, but not be limited to, ensuring that fluid intake, catheter care, and bowel care are appropriately monitored, documented, and followed up on to support timely responses to changes in health.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"My care and support meets my needs and is right for me" (HSCS 1.19)

And

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How well is our care and support planned?

4 - Good

We regraded this key question from adequate to good in response to the improvements that had been made since the last inspection.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented effective action plans and these had supported the necessary improvements.

We followed up on the requirement around the provider ensuring that personal plans, daily notes, and associated documentation were accurate, up to date, accessible, and reflective of people's current needs, preferences, and legal status. We found that progress had been made, and the requirement had been met. Care plans had been reviewed and updated, supported by regular audits and daily huddles that improved oversight. Staff reported feeling more confident using the planning system, families were more involved, and legal documentation had been refreshed. As a result, people experienced more consistent and personalised care that supported their wellbeing. However, some records still required refinement. We found a few inconsistencies in how bowel care, catheter support, and fluid intake were recorded. Although these issues were not widespread, they highlighted the need for continued attention to ensure care planning remained consistently accurate and complete. This is essential to ensure people receive the right care at the right time. We discussed this with the management team, who acknowledged the findings and committed to further improvement. As a result, we identified a new area for improvement to support continued progress (see 'Area for Improvement 1' and 'What the service has done to meet any requirements or areas for improvement we made at or since the last inspection').

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their care, the provider should ensure that all care planning, records and associated documentation is consistently accurate, detailed, and reflective of people's current needs and legal status.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15)

And

"I experience high quality care and support because people have the necessary information and resources" (HSCS 3.18).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 01 July 2025, to ensure that people's health, wellbeing and dignity are upheld, the provider must ensure that all people consistently receive the support they need to eat and drink throughout the day, enabling them to do so safely, comfortably and with dignity.

To do this, the provider must, at a minimum:

- a) Ensure staff are available and responsive to support people with eating and drinking at all times, including during snacks and mealtimes.
- b) Ensure people have been provided with any required equipment, adaptations or support that they require to eat and drink.
- c) Promptly address any identified concerns related to weight loss through appropriate assessment and intervention.
- d) Ensure that people's personal plans clearly reflect their nutritional needs and the level of support they require.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37);

And

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This requirement was made on 12 June 2025.

Action taken on previous requirement

People's dietary needs were mostly well supported. Dining room hosts were allocated daily, and staff used online quick notes to flag dietary support needs. Regular dining observations, clearer mealtime responsibilities, and improved communication systems contributed to more consistent, person-centred support. As a result, most people experienced relaxed mealtimes that promoted dignity and wellbeing.

However, during the inspection, one person was not supported appropriately, as the equipment they needed to eat independently was not provided. This impacted their comfort and sense of independence. We discussed this with the management team, who acknowledged the issue and committed to strengthening oversight. While the previous requirement has been met, we have identified a new area for improvement to support consistency and ensure that everyone is always supported in line with their assessed needs (see 'How well do we support people's wellbeing?' and 'Area for Improvement 1').

Met - within timescales

Requirement 2

By 01 July 2025, the provider must ensure that people's health and wellbeing needs are consistently assessed, met and monitored to promote positive outcomes and prevent avoidable harm.

To do this, the provider must, at a minimum:

- a) Monitor pain levels using appropriate, evidence-based assessment tools, and respond promptly and effectively to any signs of discomfort or distress.
- b) Support and monitor bowel health, ensuring timely follow-up where concerns are identified.
- c) Provide oral care in line with best practice guidance, ensuring this is in accordance with peoples' needs.
- d) Support with any assessed needs, such as physiotherapy exercises, ensuring these are carried out as planned and evaluated for effectiveness.
- e) Follow up on any care that is declined or not provided, ensuring appropriate action is taken to address risks and respect people's choices.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My care and support meets my needs and is right for me' (HSCS 1.19);

And

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);

And

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 12 June 2025.

Action taken on previous requirement

People mainly benefited from more responsive healthcare support. Pain monitoring was more consistent, supported by staff refresher training and a tool for assessing non-verbal pain. Staff demonstrated greater awareness of residents' needs and responded more proactively to changes in health, with care planning reflecting a more person-centred approach. Oral care had also improved, led by knowledgeable oral care champions and regular checks. Follow-up on missed or declined care was more consistent, contributing to safer, more personalised support. As a result, most people experienced more timely and appropriate care. However, a few inconsistencies remained. In one case, fluid intake records were incomplete, making it unclear whether the person had received sufficient intake. In another, it was not possible to confirm whether catheter care had been delivered as planned due to gaps in documentation. While these issues were limited and overall practice had improved, further refinement is needed to ensure accuracy and continuity of care. As a result, we have identified a new area for improvement to support continued progress (see 'How well do we support people's wellbeing?' and 'Area for Improvement 2').

Met - within timescales

Requirement 3

By 01 July 2025, the provider must ensure that all personal plans, daily notes and associated documentation are accurate, up to date, accessible and reflect people's current needs, preferences and legal status.

To do this, the provider must, at a minimum:

- a) Review and update all personal plans regularly to reflect people's current care and support needs.
- b) Ensure daily notes are completed consistently and accurately, clearly reflecting all health and care needs, including the care provided, interventions undertaken and outcomes observed. Documentation should routinely include, where appropriate, records of stress and distress, fluid and nutritional intake, oral care, bowel movements and pain assessments.
- c) Ensure that Adults with Incapacity (AWI) documentation, is valid, accessible and clearly referenced in personal plans.
- d) Ensure that people and their legal representatives are meaningfully involved in the development and review of personal plans and are given appropriate access to care records in line with legal authority.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23);

And

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17);

And

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);

And

'I am supported to understand and uphold my rights' (HSCS 2.3).

This requirement was made on 12 June 2025.

Action taken on previous requirement

People experienced more consistent and person-centred care due to strengthened planning systems. A full review of care plans had been completed, supported by monthly audits and a "resident of the day" process. Legal documentation, including Adults with Incapacity records, had been reviewed, updated, and were accessible. Daily huddles supported timely updates, and staff reported greater confidence in using the planning system. Furthermore, some families felt more involved in planning, contributing to a more inclusive and transparent approach. These improvements helped most people feel respected and involved in decisions about their support. However, some documentation, such as catheter care and fluid balance entries, still required refinement. For example, on a few occasions, fluid intake totals were not completed at the end of the day, or catheter care entries lacked detail about the checks carried out. While these instances were limited, they could lead to missed patterns or delays in identifying changes in health, such as dehydration or infection risk. To support greater consistency and accuracy across all documentation, we have identified a new area for improvement (see 'How well is our care and support planned?' and 'Area for Improvement 1').

Met – within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing and improve the quality of their day, the provider should support all people, including those who may lack capacity, to take part in meaningful activity that promotes purpose, stimulation and connection.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25);

And

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.9);

And

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 12 June 2025.

Action taken since then

People experienced more meaningful and enjoyable days. Staff had reviewed wellbeing assessments and care plans to ensure they reflected people's current needs and preferences. Weekly activity planners were shared with families and placed in residents' rooms, making opportunities more visible and accessible. Handovers included clear allocation of responsibility for activity support, including at weekends, which helped maintain consistency. We observed a relaxed and welcoming atmosphere, with staff engaging warmly and naturally with residents. People maintained friendships and took part in group events such as music sessions and celebrations. A positive cultural shift was evident, with all staff recognising their shared role in creating uplifting daily experiences. As a result, people felt more connected, valued, and included.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing, the provider should improve how medication support and administration is carried out for people living in the home. This should include but not be limited to, regular auditing, clear action planning and supporting people to consistently receive their medication as prescribed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24);

And

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 June 2025.

Action taken since then

People received their medication as prescribed. Staff had completed training and competency assessments, and regular audits effectively monitored practice. Medication records were clearer, with significantly fewer errors, and staff demonstrated greater confidence when administering medicines. Peer reviews and clinical meetings supported ongoing learning and accountability. Overall, medication support was safer and more consistent. As a result, people experienced safer medication practices and felt more confident in the care they received.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing and reduce potential stress, the provider should improve how they support individuals who experience stress, anxiety and distress. This should include but not be limited to, seeking and applying guidance from relevant professionals, ensuring that staff consistently follow personal plans and work in accordance with agreed strategies, completing all relevant documentation accurately and promptly, and providing staff with appropriate training and guidance to respond effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My care and support meets my needs and is right for me' (HSCS 1.19);

And

'I am supported to manage my emotional wellbeing, including any trauma or loss' (HSCS 1.10);

And

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 12 June 2025.

Action taken since then

People who experienced stress or distress were supported well. Staff had completed relevant training and applied this knowledge in practice. We observed calm and patient interactions, where staff recognised early signs of distress and responded in ways that helped people feel reassured. Staff also documented these responses more clearly, and managers used this information to inform care planning and support strategies. There was a stronger focus on understanding the reasons behind people's behaviours and adapting support accordingly. As a result, people felt more understood and emotionally supported, which contributed to a calmer and more reassuring environment.

This area for improvement has been met.

Previous area for improvement 4

To support continuous improvement and promote positive outcomes for people, the provider should ensure that quality assurance and improvement processes are consistently sustained and fully embedded into daily practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19);

And

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 June 2025.

Action taken since then

Quality assurance and improvement supported positive outcomes for people. Leadership and oversight were more visible, structured, and effective. The service had embedded regular audits, clinical meetings, and action planning into daily practice. These systems were used constructively to identify issues, monitor progress, and support learning. Staff and families described improved communication and greater confidence in the leadership team. Managers were present and approachable, and staff felt more supported in their roles. There was a stronger sense of shared responsibility for maintaining standards and driving improvement. As a result, people experienced more consistent, well-managed care in an environment where quality and accountability were actively promoted.

This area for improvement has been met.

Previous area for improvement 5

To support people's safety, comfort, health and wellbeing, the provider should ensure continued oversight of staffing levels, particularly in the lounge area. This should include but not be limited to, maintaining a consistent staff presence during key times of the day, such as afternoons and weekends, to ensure people receive timely support and supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'My needs are met by the right number of people' (HSCS 3.15);

And

'I experience consistency in who provides my care and support' (HSCS 4.16);

And

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 12 June 2025.

Action taken since then

People mainly benefited from more consistent staff presence and quicker access to support when needed. This contributed to a calmer and more supportive environment. Most people were supported promptly, and staff were visible and engaged. Some families also noticed improvements, with one person commenting, "There's generally always someone around now." This meant most people experienced more responsive care and support. However, the lift was out of order during the inspection, which affected usual staffing deployment and made it difficult to assess typical arrangements. Furthermore, a few families raised concerns about staffing levels at certain times, particularly in the evenings. If staffing is not consistently maintained, people may experience delays in care, reduced supervision, or missed opportunities for engagement. While improvements were evident and feedback was mostly positive, we could not confirm whether the changes were fully embedded and sustained. We have therefore kept this area for improvement in place to support continued monitoring and to ensure people consistently benefit from appropriate staffing at all times.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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